521917

(Re	(Requestor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Ph	one #)		
(5	<i>,,</i>	,		
PICK-UP	MAIT WAIT		MAIL	
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(Bu	siness Entity I	Name)		
(Do	cument Numb	er)		
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Certified Copies	7	ites of Status		
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Special Instructions to	Filing Officer:			

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corpora	itions		
NAME OF CORPORA	TION: <u>KR15</u> r:5 <i>31</i> 9	NIK INC	
The enclosed Articles of	Amendment and fee are su	bmitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
		SCHUABLE Name of Contact Person MIK THE Firm/ Company	
_	16 j	Firm/ Company Address	S KNOU DR. 1 1 CHOY F/34653
_		City/ State and Zip Cod City/ State and Zip Cod	
	oncerning this matter, pleas		20 4 2 1 4
Ro	1 SLIKWABE	at (de & Daytime Telephone Number
	Contact Person he following amount made		
S35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ameno Divisio P.O. B	ng Address Iment Section on of Corporations ox 6327 assee, FL 32314	Ameno Divisio The C 2415 I	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303

Articles of Amendment 10 Articles of Incorporation of

KRISNIK, IN	C.	
(Name of Corporation as currently	filed with the Florida Dept. of State)	
S2191	7	
(Document Number of C	Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Statutes</i> , the second this	orida Profit Corporation adopts the fol	llowing amendment(s)
A. If amending name, enter the new name of the corporation:	NA	The new
name must be distinguishable and contain the word "corporation," "co "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	mpany, "or "incorporated" or the abbr professional corporation name must (eviation "Corp.," contain the word
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	NA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	2020 0 27
D. If amending the registered agent and/or registered office address: Name of New Registered Agent	ss in Florida, enter the name of the	
(Florida stree	(address)	
New Registered Office Address:	Florida, Florida	
	ity)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with a signature of New Registered Agent.	th and accept the obligations of the pos N A A A A A A A A A A A A	ition.
Check if applicable The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe. PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	Address
1) Change	V	THERESA SCHWABE	76 12 Cy PRESS KNULDR.
Add			16/2 CY PRESSKALL DR. NEW PORT RICKEY FL 34653
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

xuacu aaamonai sii	ing additional Articles, enter change(s) here: eets, if necessary). (Be specific)	
		
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<u></u>		
<u> an amendment pr</u>	rovides for an exchange, reclassification, or cancellation of issued shares,	
provisions for impl (if not applicab	lementing the amendment if not contained in the amendment itself: le, indicate N/A)	
(9 (10) 20)		
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The date of each amendment(s) adoption:	, if other than the
date this document was signed	
Effective date <u>if applicable</u> :	mendment file date)
Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of direct action was not required.	tors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of volume by the shareholders was/were sufficient for approval.	otes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting gomust be separately provided for each voting group entitled to vote separately	roups. The following statement ly on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for	or approval
by ROY SCHWABE (voting group)	
(voting group)	
Dated 17-21-20 Signature Monfebrale	
Signature // of durale	
(By a director, president or other officer – if director selected, by an incorporator – if in the hands of a re-	
appointed fiduciary by that fiduciary)	certification of the court
(Typed or printed name of person	€
(Typed or printed name of perso	on signing)
(Title of person signing)	
(Title of person signing)	